

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 700

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH

County... Queen Anne
 City or town... Ludherville Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 weeks
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... Kent
 City or town... Millington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

Charles Lewis Baker

3. (b) Social Security Number

222 070 676

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Katherine Everett
 6. (c) If alive, give age 29 years
 7. Birth date of deceased (mo., day, yr.) April 3 1912
 8. AGE: Years 34 Months 4 Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace Millington Kent Md.
 (Town, county, and state)
 10. Usual occupation Farming
 11. Industry or business Farming
 12. Name Mathaniel R Baker
 13. Birthplace Maryland
 14. Maiden name Maudie Egg
 15. Birthplace Millington Md.

16. Informant M. R. Baker
 Address Millington Md.
 17. Burial Burial Date thereof Aug. 30 1946
 (Burial, cremation, or removal. Which?) (Month) (day) (year)
 Cemetery or crematory Ludherville
 Location Ludherville Md.
 18. Funeral director Edward Fallow
 Address Millington Md.
 19. Aug. 28 19 46 Egon F. Rave
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 19 46 at 10 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 23 19 46 to August 27 19 46 and that I last saw him alive on August 27 19 46

Immediate cause of death Cardiac failure
 Due to arterio-sclerosis
 Due to Pneumonic heart disease
 Other conditions none
 (Include pregnancy within 8 months of death)

Major findings of operations none
 Date of op. none

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE A. R. Coppola, M.D.
 Address Cross St. Chestertown Md. Date signed 8/27/46
 M. D. or other _____

REC

SEP 2 1946

BUREAU

...Date signed... 1/19/46

VS A15

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SEP 2 1946

BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

252

1. PLACE OF DEATH: *Queen Anne*
 County *Centreville Md*
 City or town *Centreville Md*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *5 weeks*
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State *Penn* County *Norfolk - Pa*
 City or town *414 Rightas Mice Rd.*
 (If rural, give LOCATION)
 2.(a) If veteran, name war ☒

3. (a) FULL NAME *Thomas Newhall 27th*

3. (b) Social-Security Number

4. Sex *Male* 5. Color or race *White* 6.(a) Single, married, widowed, or divorced *Single*
 6.(b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) *Sept 29 - 1933* 6.(c) If alive, give age _____ years
 8. AGE: Years *12* Months *10* Days *11* If less than one day _____ hrs. _____ min.

9. Birthplace *Thelapa - Pa*
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name *Blackwell Newhall*

13. Birthplace *Thelapa - Pa*

14. Maiden name *Mary Harrison*

15. Birthplace *Gettysburg Springs*

16. Informant *Mr Blackwell Newhall*

Address *414 Rightas Mice Rd*

17. *Burial* *Norfolk - Pa* Date thereof *8 10 '46*
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Gettysburg*

Location *Radnor - Pa*

18. Funeral director *Brinkhurst Co Inc*

Address *2000 E. 12th St - Thelapa*

19. *Aug. 8 - 46* *Elice Armistead*
 (Date recd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Aug - 8 - 46* at *3:05 P* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death *Asphyxia*

DURATION

Due to *He was digging a cave in a sand bank & fell in on his back*

Due to *When he was gotten out he was dead*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *Accident* Date of *8/8. 46*

Where did injury occur *near Centreville 2nd Md*
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) *at fair camp.*

Means of injury *Sand Caved in on him* Injured at work?

23. SIGNATURE *W. Henry Fisher*

Address *Centreville Md* Date signed *8/8. 46*

RECEIVED

AUG 10 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of birth of deceased is shown on 2411 N. Charles St., Baltimore 131-2

Evidence for change of year of birth of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

08293

FILM No. I O 6 AUG 30 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
County... Queens Anne
City or town... Chester
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? lifetime
Hospital, institution, or street address where death occurred:
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Maryland County... Queen Anne's
City or town... Chester
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME Orving Richardson

3. (b) Social Security Number.....

4. Sex m 5. Color or race C 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Anna E. Richardson
7. Birth date of deceased (mo., day, yr.) Sept 3 1888
8. AGE: Years 58 Months 10 Days 7 If less than one day
.....hrs.min.

9. Birthplace Chester Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business.....

12. Name Edmond Richardson

13. Birthplace Md.

14. Maiden name Susan Anderson

15. Birthplace Md.

16. Informant Anna E. Richardson

Address Chester Md.

17. Burial Date thereof Aug. 14-46
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Chester Md.

18. Funeral director Levis A. Henry

Address Cambridge Md.

19. Aug 17 19 46 Philip H. Porter
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 19 46 at 4 P. M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from July 3 46 to Aug 10 46
and that I last saw him alive on Aug 10 46

Immediate cause of death Arteriosclerosis
cerebral thrombosis
with hemiplegia

Due to chronic nephro-sclerosis

Due to coronary atherosclerosis

Other conditions chronic

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE Theodor Sattelmaier M.D.

Address Stevensville M. D. or other Stevensville

Date signed 8/10/46

RECEIVED
AUG 21 1946
BUREAU V E.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

Reg. Dist. No.

08294

252

1. PLACE OF DEATH:

County Dagen Anne
 City or town Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dagen Anne
 City or town Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Elizabeth Virginia Taylor

3. (b) Social Security Number

216-07-6965

4. Sex female 5. Color of skin white 6. (a) Single, married, widowed, or divorced divorced
 6. (b) Name of husband or wife John Thomas Taylor
 6. (c) If alive, give age 38 years
 7. Birth date of deceased (mo., day, yr.) June 5 - 1911
 8. AGE: Years 35 Months 1 Days 26 If less than one day hrs. min.

9. Birthplace Wassonville 24 Co. Md
 (Town, county, and state)

10. Usual occupation Bookkeeper

11. Industry or business Hardware Firm

12. Name James TB Hess

13. Birthplace Church Hill 24 Co. Md

14. Maiden name Anna Hampton

15. Birthplace Wassonville 24 Co. Md

16. Informant James TB Hess

Address Wassonville, Maryland

17. Burial, cremation, or removal Which? Burial Date thereof Aug 3 - 46
 (month) (day) (year)

Cemetery or crematory St Peter's

Location Greenstown, Maryland

18. Funeral director Baxter Bros

Address Centerville, Maryland

19. 8-2- 19 46 Eliee Armstrong
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 19 46 at 3:04 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 31 19 46 to Aug 1 19 46

and that I last saw him alive on Aug 1 19 46

Immediate cause of death Pregnancy acculsion

Due to Pregnancy acculsion

Due to Pregnancy acculsion

Other conditions Ectopic

(Include pregnancy within 3 months of death)

Major findings of operations Ectopic

Date of op. Aug 1

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide none Date of Aug 1

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P.R. Layton MD

Address Centerville, Md M. D. or other

Date signed 8-1-46

AUG 5 1946
BUREAU V.R.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

Reg. Dist. No. 18295 251

1. PLACE OF DEATH

County Putnam
 City or town Putnam
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 24 hrs
 Hospital, institution, or street address where death occurred: 7th
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County G.A.
 City or town Sudlersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Fannie R. Walls

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Elmer Walls8. (c) If alive, give age 71 years7. Birth date of deceased (mo., day, yr.) Aug 30, 1880

8. AGE: Years 65 Months 10 Days 16 It less than one day _____ hrs. _____ min.

9. Birthplace Putnam Ind.
(Town, county, and state)10. Usual occupation H W

11. Industry or business

12. Name Samuel C. Biggs13. Birthplace Putnam Ind.14. Maiden name Fannie V. Bentley15. Birthplace Putnam Ind.16. Informant Elmer WallsAddress Putnam Ind.17. Burial Date thereof Aug. 18, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory SudlersvilleLocation Sudlersville Ind.18. Funeral director Edgar L. LaneAddress Church Hill Ind.19. Aug. 18 19 46 Edgar L. Lane
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16 19 46 at 4 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 14 19 46 to Aug 16 19 46and that last saw Aug 15 19 46 alive on Aug 15 19 46Immediate cause of death Acute Pericardial DilatationDue to Chronic myocarditis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE C. N. Upstall M. D. or otherAddress Putnam Ind. Date signed 8/18/46

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

A FORM PREPARED BY THE DEPARTMENT OF HEALTH

DATE OF DEATH

REC-5

SEP 2 1946

BUREAU V.S.